

**Reimbursement Request for Regular Education Tuition Paid
For State-Placed Students (SPS Form 5)**

All sections MUST be completed or claim will be returned without being processed.

2009 – 2011

Do not change year as finance codes are DIRECTLY related to the school year.

Student's Name

Date of Birth

Student's Grade Level

State ID Number

Agency placing student
(DCF, Mental Health, Casey, etc.)

Tel. No.

Agency Case Manager's name

Town that paid tuition

Supervisory Union

Tuition paid to:
(School)

Tuition beginning date:
(first day of school session or student's first day enrolled)

Tuition ending date:
(last day of school session or student's last day enrolled)

Amount of tuition paid for this student for this period \$

Signature of Superintendent

Date

Please Attach & Check:

- Tuition Bill Attached
- Proof of Payment Attached

16 V.S.A. §4012 (b) A school district shall request reimbursement under this section by submitting tuition bills and documentation of payment to the commissioner. The commissioner shall make reimbursement twice a year, once for requests submitted prior to January 1 and once for requests submitted prior to May 1. Requests submitted on or following May 1 shall be reimbursed in the next payment.

Send form to Donna Trucksess at DOE

Use separate form for each student

For Department Use Only		
Dates Info Received:	Meets SPS Guidelines Y N	Manager Approval
Request:		
Tuition Bill:	Vendor #: Finance Code: 0001 20205-5100050000-51193011 3460- -11-00	Review Completed:
Payment:		